

Here Is an Excellent Study Field for the American Medical Association Bureau of Economics.—Last year the California Medical Association sponsored the resolutions to our national association to have a Bureau of Medical Economics established. That department of the American Medical Association is now functioning. It would seem proper to suggest that the board of trustees of the American Medical Association might well appropriate the funds that would make possible a thorough investigation and report on these Cuban societies, so that constituent state associations such as California, might have such information for use in properly supervising within their own boundaries the development of similar organizations. We happen to know that the archives of the American Medical Association are practically barren of accurate or detailed information concerning these Cuban societies. This should not be. It is hoped that this paucity of facts will be remedied at an early day at our national headquarters in Chicago, and that the information collected will be given publicity in the *Journal of the American Medical Association* or in the *Bulletin of the American Medical Association*. As a concrete example of an unusual complex on some medical economic and practice problems, the Cuban experiences could be made to present an interesting and valuable story to the medical profession of America. Such a recital could be of greatest good and influence if presented through the press facilities of the American Medical Association.

CALIFORNIA'S STATE MEDICAL LIBRARY

State Medical Library Bill Struggle.—In the November CALIFORNIA AND WESTERN MEDICINE, page 383, mention was made of the difficulties which, through seeming flaws in its title, had been encountered by Assembly Bill 477, providing for a state medical library under the jurisdiction of the University of California.

It was there stated

"it is a pleasure to chronicle in this column that these new and unforeseen difficulties concerning the title have been surmounted, and that *a state medical library will be instituted in California*. This brief comment is here printed so that the members of the California Medical Association who have been watching with interest this new experiment in state library work may know that all is well and that in due time the state medical library will begin its work."

The above somewhat optimistic quotation demonstrates the advantages of a contrary pessimistic outlook, on the general principle that nothing is an accomplished fact until actually accomplished. In other words, it might have been wiser to have stated that the state medical library could not be absolutely assured until the money had been actually transferred from the jurisdiction of the Board of Medical Examiners of the State of California to that of the Regents of the University of California.

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"Unencumbered" Moneys, the New Difficulty.—Strange as it may seem, after surmounting the difficulties as regards constitutionality because of

seeming flaws in the title of the bill, a new complication arose. This later difficulty hinged about the use of the term "unencumbered" moneys of the Board of Medical Examiners, words originally inserted into the text of the bill at the suggestion of members of the California department of finance. After the supposed title flaws had been surmounted, the contention was brought forward by some of the financial officers of the State that there were no "unencumbered" moneys in the funds of the Board of Medical Examiners. If such contention was sound, there would have been all legal authority to have instituted a state medical library, but there would not have been one penny with which to carry out the purposes of Assembly Bill 477.

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Attorney General's Ruling Was Against This Contention.—To make a long story short, it was necessary to study the entire matter anew. An opinion of the Attorney General of California was sought. Fortunately his ruling was against the interpretation of "unencumbered" moneys as above referred to.

So now, at last, it may safely be asserted that California will have a state medical library, for on date of December 28, 1931, the sum of \$42,175.96 was transferred to the Regents of the University of California for the organization and maintenance of a state medical library.

It is logical to assume that the Regents of the University of California in due time will authorize President Sproul to call the advisory board of the library in session, and that steps will then be taken to bring the institution into existence.

It has been a long struggle. For the services more recently rendered, acknowledgment is again made to the different friends who were mentioned in previous editorials, and notably to Dr. Junius B. Harris and to Hartley Peart, Esq., who have given most efficient aid in securing the happy end result. Once this California State Medical Library begins to operate, we are certain that through its services it will endear itself greatly to the members of the medical profession of California. With so happy a consummation, the struggle for this state medical library may be said to have more than justified itself. With the passing of the years the beneficent nature of this act of the last legislature will become increasingly apparent.

AN INTERESTING EXPERIMENT IN MEDICAL EDUCATION AT TULANE UNIVERSITY

Tulane University Erects a New Type of Medical School Building.—A month or so ago, the editor was privileged to inspect with Dean Charles C. Bass of the Tulane University School of Medicine a new building which has been erected immediately adjacent to the large Charity Hospital in New Orleans, on a plot of ground purchased by the University. The area comprises a small city block. The present building is the first of several

units which it is hoped to erect in the future to carry out other details in the plan. For the present structure, the University is largely indebted to the Rockefeller Foundation and the General Education Board, which organizations gave this aid as an expression of appreciation for the excellent public health service which Tulane has been rendering in Louisiana during these many years.

Because the Tulane plans contemplate a considerable departure in teaching methods which appeal to the editor, and because it seems a bit strange that the medical teaching innovations contemplated should not have been thought of and put into practice before now by executives of institutions who have had at their disposal vastly greater financial resources than has Tulane, special comment is here made.

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Keeping All Medical Students Together.—Before discussing the new building and its purposes, it may be of interest to state that Dr. Bass committed himself as being in favor of not separating the first and second year medical students from contacts with third and fourth year medical students. That has been a viewpoint which the writer has long held. We have long believed that it would be difficult to show what real advantages accrue to students of medicine by placing them in buildings located on campuses largely devoted to liberal arts and engineering students. It has always seemed to the writer that academic culture and enthusiasms were things to be largely obtained before the study of medicine was commenced; and that there was a real inspiration to be had by first and second year students when such were given an opportunity to contact somewhat with and observe third and fourth year fellows who were making their first excursions into the domain of clinical medicine.

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What Are the Special Features in This New Tulane Unit?—What then is so new in the construction and purposes of this new unit designed especially for the fourth year medical students of Tulane? To answer this question, it is necessary to state that at Tulane the third year medical students will do practically no dispensary work with ambulatory patients, but will carry on their clinical studies almost entirely in bedside study of patients in the Charity Hospital.

As fourth year students they will deal largely with ambulatory patients, but under rather different auspices from those which were offered to graduates of former days.

In this new building at Tulane, selected ambulatory patients will be admitted to receive the services of the institution. These patients will be first met by staff members, and a certain number, say a dozen or so, will gradually be assigned to each senior student. All such prospective patients will be given appointment cards to return at certain hours and days, at which time the patients will go to the office rooms designated. In those different office rooms the patients will find the

senior students who for the time will be their respective personal physicians.

The rooms of the student doctors will have their names on the doors and the rooms themselves will be equipped with the kind of furniture the students would be apt to buy when starting practice. Each room is equipped with a substantial desk, with a chair for the student doctor and another for the patient. In one corner is a curtained dressing alcove. There is the usual examination table. Also a laboratory desk with microscope and necessary equipment for those routine blood and other examinations which the student doctor's training should permit him to personally use after his graduation.

The object of this arrangement is to take the senior students and place them under conditions such as will confront them when they start their careers in private practice. Each student doctor thus has his own group of patients for whom he is solely responsible, he being expected to make and record thorough and comprehensive examinations and to prescribe and supervise the treatment that may be indicated. There is, of course, conference supervision by faculty members. In connection with the office rooms of each specialty or division of medicine and surgery, there is a conference room to which the student doctors bring patients for consultation and conference. From time to time each student doctor is transferred to other services, and when he leaves a service, he has his patients come in to be introduced to the new student doctor who will take over his practice.

In this way, during his fourth year, each senior student is given excellent opportunity to add to his knowledge and proficiency in the practice of both the science and the art of medicine.

Also when patients are discharged they are told how important it is to make an effort to retain their health, and they are reminded that the complete records concerning themselves are kept on file in the institution. Further, that it is expected that they will report from year to year for such follow-up "health examinations." When a patient is discharged, an appointment card for such a health examination is given and the patient is told that he or she will also be notified to come in when the time for such reexamination approaches.

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Such a Departure in Medical Training Will Appeal to Many Physicians.—Dean Bass was very modest concerning the above and other plans. We believe they are of a nature to appeal greatly to many physicians who recall their own hesitant steps in early days of private practice.

It is refreshing to note Tulane's departure from routine paths of medical education. Its efforts to not only give its graduates proper academic education but also these new methods, to fit them with basic clinical experience and best means of utilizing the same, should be watched with much interest, not only by medical faculties but by physicians in general. The plans seem thoroughly sound and should be rewarded with success.